

CRITERIA FOR PRIOR AUTHORIZATION

Kanuma® (sebelipase alfa)

PROVIDER GROUP Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Sebelipase alfa (Kanuma®)

CRITERIA FOR APPROVAL (must meet all of the following):

- Patient must have a diagnosis of Lysosomal Acid Lipase (LAL) deficiency
- Prescriber must be a neonatologist, geneticist, gastroenterologist, endocrinologist, lipidologist, or hepatologist
- Must be administered by a healthcare professional
- Patient must be 1 month of age or older

LENGTH OF APPROVAL: 12 months